

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043291

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 454

VS 300
Rev. 4/59

0269

0370

3

4 0

5 1

6

7 0

8 0

9/492

10

11

12 1-2

13 30

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE-AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 1 1963

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)

TOWN

Jefferson City

Length of stay in 1b

4-days

c. FULL NAME OF (If NOT in hospital, give location)

CHAS STILL Hosp

Inside limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

GASCONADE

c. CITY

Bland

OR TOWN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Jared John KOTLWITZ

4. DATE OF DEATH

Month

Day

Year

Nov 25-1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Divorced ☐Widowed ☐

8. DATE OF BIRTH

1-22-1898 65

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Custodian (narrator)

10b. KIND OF BUSINESS OR INDUSTRY

Shoe Factory

11. BIRTHPLACE (City and state or country)

Bland - Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Herman KOTLWITZ

13b. MOTHER'S MAIDEN NAME

Mary Debold

14. NAME OF HUSBAND OR WIFE

Elsie (Parsch) KOTLWITZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

2050M, Elsie KOTLWITZ - Bland - Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIAC ARREST

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CARDIAC ANOXIA

4 days

DUE TO (c)

GENERALIZED CARCINOMATOSIS

3 wks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-1-63 to 11-25-63 and last saw him alive on 11-24-63

Death occurred at 4:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr.

22b. ADDRESS

Bland Mo

22c. DATE SIGNED

11/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov 29-1963

23c. NAME OF CEMETERY OR CREMATORY

Bland Fair Cemetery

23d. LOCATION (City, town, or county)

Bland - Mo

24. FUNERAL DIRECTOR

DASMAN & SONS

25. DATE RECD. BY LOCAL REG.

Nov 26 1963

26. REGISTRAR'S SIGNATURE

Charles S. Sasser

27. ADDRESS

Bland - Mo

28. REGISTRAR'S SIGNATURE

Marion E. Ricketts

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

1039 00-050

DEC 6 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Chester Cassman

Licensed Embalmer No. 4178

P. O. Address Blond-Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.